

The Health Care Financing Administration (HCFA) granted Arkansas an 1115 Waiver to permit the state to implement IndependentChoices, a Cash and Counseling Demonstration and Evaluation Project. IndependentChoices seeks to increase the opportunity for consumer direction and control for Medicaid recipients receiving or

random assignment.

As the single State agency authorized to contract for Medicaid services, the Department

682-2441, FAX number 501-682-8155, TDD number 501-682-2443.

of a Medicaid personal care program that offers consumer direction and control with a monthly cash allowance. DAAS will continue monitoring the program to assure the integrity of the program remains unchanged.

To be eligible for IndependentChoices, a participant must:

- be 18 years of age or older;

- be eligible for Medicaid as determined by DHS Division of County Operations;

- be receiving personal care or be medically eligible to receive personal care;

- be willing to participate in IndependentChoices and understand the rights, risks, and responsibilities of managing their own care with an allowance; or, if unable to make decisions independently,

- have a willing representative decision maker who understands the rights, risks and responsibilities of managing the care of the participant with an allowance.

participation in IndependentChoices.

with all applicable Federal laws, regulations, Executive Orders and Civil Rights rules or regulations and the policies of the Arkansas Department of Human Services on Equal Opportunity and Affirmative Action.

300 ENROLLMENT PROCESS

DAAS no longer socially markets IndependentChoices since meeting the target

Call to the DAAS toll-free telephone number
Returning an IndependentChoices Pamphlet with a request for additional information
Referral by an agency or organization
Internal referral by Adult Protective Services, Alternatives or ElderChoices staff
Other

The DAAS serves as the point of entry for all enrollment activity and will refer the

.41.

At the time of enrollment, the participant/representative will be asked to complete and

301 PARTICIPANTS

rights and responsibilities of managing personal care with an allowance and who do not have anyone to serve as a representative decision maker will be discouraged from participating in IndependentChoices. However, if they insist upon participation, all

financial matters will be assigned to the fiscal intermediary and monitoring will be completed on a more frequent schedule until the participant demonstrates the ability to successfully self direct.

302 REPRESENTATIVES

A representative will be required if the individual interested in participating has a court appointed legal guardian, other appointed representative, i.e., power of attorney, or an established payee of income. Further, a representative will be required for any potential enrollee who is unable to understand his/her own personal care needs; make decisions

when circumstances indicate a change of competency or ability to self-direct demonstrated by non-compliance with project objectives. The potential enrollee, counseling enrollment staff, or representatives of the Counseling/Fiscal Agency may

Representative Screening Questionnaire and an Authorized Representative Designation Form.

303 CURRENT MEDICAID CLIENTS -- NOT RECEIVING PERSONAL CARE

Referrals will be accepted from advocacy organizations, provider agencies or other interested parties for clients who are receiving Medicaid and have a need for personal care, but have not accessed the traditional personal care system for various reasons. When referrals are received, the enrollment staff will perform the personal care

sufficient time to consider participation, discuss the program with family members and an opportunity to ask additional questions. When the enrollment staff is confident the potential enrollee and/or potential enrollee's family or caregivers understand the project, enrollment forms will be completed.

304 DAAS COMMUNITY AND CONSUMER SERVICES STAFF ROLE

DAAS Community and Consumer Services Staff including ElderChoices nurses, Adult

will be part of the orientation of newly hired staff.

400 MONTHLY ALLOWANCE

/Fiscal Agency from Electronic Data Systems (EDS), Arkansas Medicaid fiscal intermediary. The Counseling/Fiscal Agency will disburse the amount of the cash allowance in accordance with the approved expenditure plan twice monthly in equal intervals.

**401 DETERMINING THE VALUE OF THE PLAN OF CARE
(APPLYING THE DISCOUNT)**

by the enrollment staff.

The algebraic formula for calculating the value of a plan of care will be:

$$X \times Y = Z1 \times \$8.00 = Z2 \div 7 = Z3$$

X = Participant's Weekly Plan of Care Personal Care Hours

Y = Percentage of Hours of Care Delivered by the Provider Agency

\$8.00 = Amount of money to be paid to the participant for each adjusted hour of personal care the participant will receive. This amount is sufficient for the participant to meet the required employer financial obligations and pay the personal care assistant a salary higher than those paid by personal care agencies in Arkansas or to pay a somewhat lower salary and save money to purchase other items related to personal care. In Arkansas, the Alternatives Program, a home and community-based waiver, permits consumer direction and pays \$8.00 an hour. The clients in that program do not have any problems recruiting personal care assistants for \$8.00 an hour.

Z1 = The Adjusted Number of Hours of Personal Care for the Participant

Z2 = Weekly Cash Allowance

Z3 = Daily Cash Allowance

The Cash Allowance will be quoted as a Monthly Cash Allowance, using 30 as the days in a typical month. However, the amount of the Allowance awarded will

meet the qualification and requirements as outlined in the RFP.

Upon receiving notification of a participant's enrollment, the Counseling/Fiscal Agency

501**COUNSELING SERVICES**

Counselors must possess a Bachelor's degree in humanities and social science or a related

DAAS.

The initial appointment between the Counselor and a new participant/representative will

arise.

1. Orientation and Training

employer issues.

Orientation will also assess the participant's/representative's ability to self-direct and will

3. Work Agreements

The Counseling/Fiscal Agency will assure that a written work agreement is executed between the participant/representative and each of their employees. This agreement will detail the tasks, days and number of hours of service the participant/representative and assistant have agreed upon. Both the participant/representative and the assistant will be given a copy of this agreement to retain for their records.

4. Back-up Plans

The Counselor will assist the participant/representative in developing a back-up plan to outline how the participant's needs will be met should the assistant be absent from the home for any reason. The back-up plan may identify informal caregivers or identify an agency from which hours may be purchased. A back-up plan addressing ways to assure that needs are met should there be an unexpected shortage of funds for any reason will also be developed.

During monthly monitoring visits, the Counselor will ask whether the back-up plan has been implemented, the number of times it was implemented and how the plan is working. The plan should be amended as necessary to assure that a feasible plan is in place at all times.

5. Monitoring

It is the responsibility of the counselor to monitor the Cash Expenditure Plan to the degree necessary to ensure that participation in the Project does not compromise the health and well being of the individual participant. A telephone contact may be used for monitoring during the first six months, but thereafter a semiannual face-to-face visit is required at least once each six months. All contact and activity related to the participant must be documented in the case file of the participant by the Counseling/Fiscal Agency. The Counselor will also monitor the participant for any changes in condition, which would necessitate a reassessment; the quality of the self-directed care; and to assure that needs identified on the plan of care are appropriately met.

6. Peer Networking

The Counselor will facilitate the opportunity for peer counseling and support among the participants and representatives on their caseload. This may include providing a meeting place, facilitating and supporting peer group meetings on a regular basis, making referrals to other peer groups within their geographic area, collecting and distributing the names, addresses and telephone numbers of participants/representatives who wish to be part of a peer network or producing a newsletter with articles by participants/representatives or articles written by others on issues important to the peer network. The agency and individual counselors are encouraged to be creative in assuring that participants/representatives have the support necessary for their success.

7. Documentation

Back-up Plans, Work Agreements, etc. should be maintained in the individual's record. All monitoring contacts and telephone calls should be documented on a monitoring form or in narrative form. Specific documentation requirements will be outlined in the contract with the Counseling/Fiscal for each region.

The Counseling/Fiscal Agency will provide DAAS reports on individual participants/representatives and summary reports of all participants on their caseload on a quarterly basis. These reports must include information on

- prior ending quarter caseload;
- new referrals during the quarter;
- number of participants at the end of reporting quarter;
- and the number of counselors serving the participants.

Enrollment activity during the quarter will consist of reporting by month:

- the number of initial contacts;
- number who refused during the initial phone contact;
- number of enrollment home visits giving the number who did and did not enroll;
- and the number of referrals that were coded as refusals because the counselor could not locate recipient.

Assessment information is provided on a quarterly basis giving

- prior quarter assessments still pending physician signature or approval for extension of benefits from Medicaid Utilization Review;
- the number of initial assessments;
- number of reassessments;
- number finalized with physician signature;
- number pending physician signature;
- number of requests approved or still pending at Medicaid Utilization Review.

Monitoring activities during the quarter will be reported per month giving

- number of persons contacted during the monthly phone contact;
- those not contacted;
- number of unannounced home visits;
- number of participants who were offered skill training;
- number accepting and refusing skills training;
- number of back-up plans reviewed with the participant;
- number with a back-up plan;
- number who accessed their back-up plan;
- number who do not have a back-up plan;
- number of incidents of neglect, abuse or exploitation;
- number of medical, functional or social condition changes;

allowance. The Counseling/Fiscal Agency will identify corrective action taken to remedy the problem.

The Counseling/Fiscal Agency will provide fiscal documentation in their quarterly report by reporting by month

- number who received a cash benefit;
- total Medicaid payment paid;
- total expenditures paid to the participants;
- report total dollars expended using Mathematica defined expenditure categories
- by using the Mathematica defined expenditure categories report client usage

The Counseling/Fiscal Agency will attach a narrative of clients who have taken their cash benefit and used it in unique ways to enhance their independence and well being.

requested amount.

The Counseling/Fiscal Agency will identify by client in its quarterly reporting persons

Agency is asked to report any persons who at the end of the quarter have a balance of more than one month of their cash benefit.

The Counseling/Fiscal Agency is asked to report by month in their quarterly report the number of State and Federal Forms applied, approved, withdrawn, or renewed.

The Counseling/Fiscal Agency will include an assurance statement on the accuracy of the submitted report.

The Counseling/Fiscal Agency agrees to provide any additional reports upon request by DAAS. Specific documentation requirements will be outlined in the contract with the Counseling/Fiscal for each region.

502 FISCAL SUPPORT SERVICES

The fiscal agent, or bookkeeper, will receive the participant's cash payment from the

participant/representative wants to maintain their own saving account for money not used for assistant care, that sum will be paid after assistant(s) check(s) are written for the month. All general Medicaid participant's funds must be maintained in a separate non-interest bearing account designated for IndependentChoices cash allowance. This account uses software, such as Peachtree, to establish individual participant accounts to track the receipt and use of the cash allowances held within the control account. If a participant directs cash to be placed in savings, the money must be transferred to an interest bearing account marked solely for participant savings. These funds may be in a joint account with interest paid proportionately to each participant.

The level of use of bookkeeping services will be established by the participant/representative at the time of the orientation meeting with the fiscal agency. The fiscal agency may encourage increased use of these services whenever there are concerns about the participant's/representative's ability to complete the tasks independently. The use of these services may increase or decrease at any time to meet the needs of the participant/representative or to assure that the cash is used for the benefit of the participant and in a manner appropriate to meeting personal care needs.

1. Orientation and Training

The fiscal agent will orient, train and receive all completed applicable state and federal forms that allows the fiscal agent to receive Medicaid money in behalf of the participant while allowing the participant to become an employer before the participant can establish a consumer direction date. One of the functions of this orientation will be to establish the participant's/representative's ability to complete the necessary payroll functions independently and to give the participant/representative the opportunity to select the level of assistance they prefer. Training to the level required by the participant/representative will be provided to assure compliance with all applicable state and federal payroll laws. The participant/representative will be given a fiscal service-training manual to assist them at the level of independence they select. The fiscal agent will be available for consultation with the participant/representative should questions or concerns surface during the period of self-management.

2. Payroll Functions

The fiscal agency may perform all payroll functions when directed to do so by the participant/representative. This will include preparation of payroll checks for assistants upon receipt of timesheets signed by the assistant and the participant/representative and compliance with applicable state and federal employer/employee laws. Should the participant/representative elect to complete payroll functions independently, the fiscal intermediary will require monthly reporting to assure completion of required state and federal reporting forms and payment of essential taxes.

3. Savings Accounts

The fiscal agency may establish and maintain a savings account for individuals who do not spend all of a monthly allowance on items related to personal care needs. Funds designated for savings will be transferred to an interest bearing savings account as soon as all attendant salaries have been paid for the month or no later than the 5th day of the

following month. These funds may be saved to purchase more expensive personal care

must reflect the amount of money in the account on the 5th day of the month.

4. Monitoring

appropriate items identified on the Expenditure Plan or is used for items related to personal care needs when discretionary funds are spent. Monitoring may be performed more frequently whenever problems or potential problems are identified. Specific monitoring requirements will be outlined in the contract with the Counseling/Fiscal Agency for each region.

5. Reporting

problem situations identified must be reported in writing to DAAS immediately. Specific reporting requirements will be outlined in the contract with the Counseling/Fiscal Agency for each region.

600 REASSESSMENT

Reassessment is required six (6) months after the initial or revised beginning date of the

must be notified for a review of the changes. At the time of reassessment, a new cash monthly allowance will be figured based on the hours of personal care required and with a universal discount rate applied.

601 PERSONAL CARE SERVICE PLAN

An individualized personal care service plan, signed and dated by the client's personal physician, constitutes the physician's personal care authorization. The individual completing the reassessment develops the personal care service plan.

The individualized service plan must be completed on DMS-618 (Rev. 4/98) and comply with the instructions of the Arkansas Medicaid Manual for Personal Care.

700 CHANGES/CLOSURES

701 LOSS OF MEDICAID ELIGIBILITY

IndependentChoices. They are advised to report any changes in the amount of household income or resources to the DHS county office. If the county office closes the Medicaid case of an IndependentChoices participant, DAAS will be notified via DHS-3330.

702 LOSS OF MEDICAL ELIGIBILITY FOR PERSONAL CARE

If at any time the Counseling/Fiscal Agency determines that personal care is not

703. INSTITUTIONALIZATION

less than five days without interruption of their cash allowance. However, for stays longer than five days, the cash allowance will be refunded accordingly.

notified by the Counseling/Fiscal Agency. The IndependentChoices case will close upon entering the institution. No monthly allowance is allowed during the time of institutionalization.

704 MOVE

Should the IndependentChoices participant move out of the state of Arkansas, the

provider agency or the Counseling/Fiscal Agency will immediately notify DAAS. DAAS will notify the County Office via DHS-3330, if necessary.

705 DEATH

Should a participant die, the personal care provider agency or the Counseling/Fiscal Agency will notify DAAS. DAAS will inform the County Office via DHS-3330, if necessary.

706 VOLUNTARY DISENROLLMENT

The participant may elect to discontinue participation in IndependentChoices at any time. When a participant expresses an interest in disenrollment, the Counseling/Fiscal Agency

if the participant's physician authorizes the service during a trip or vacation.

708 INVOLUNTARY DISENROLLMENT

Participants may be disenrolled for the following reasons:

1. Health, Safety and Well-being

care program.

2. Change in Condition

permitted to remain on the program, but will be assigned to the fiscal intermediary, who

participant/representative will be notified that their IndependentChoices case is being closed and they are being returned to traditional personal care.

Should the participant/representative fail to provide required documentation of expenditures and related items as scheduled and after a written reminder, the case will be closed and the participant will be returned to traditional personal care.

800 APPEALS

The Hearings and Appeal process established by DHS for Medicaid clients and an

The participant may file for a Fair Hearing and Appeals within 30 days of notification of closure as outlined in the DHS Policy.

802 LOSS OF ELIGIBILITY FOR PERSONAL CARE

The current Medicaid Personal Care Program does not address an appeal process. The individual may ask for an evaluation by another Personal Care Provider Agency.

803 INVOLUNTARY DISENROLLMENT

IndependentChoices Project, the participant may be returned to the traditional personal

find their request denied by Medicaid have the option to appeal the decision through DHS Fair Hearings and Appeal.

805 COMPLAINTS REGARDING THE COUNSELING/FISCAL INTERMEDIARY AGENCY

If the participant is dissatisfied with any service or level of service provided by the Counseling/Fiscal Intermediary Agency, they may call the DAAS toll-free number, 1-

Agency, the participant/representative may request an Administrative Review.

900 ALLOWANCE RECOVERY

client is a patient in an extended hospital stay then it is the responsibility of the Counseling/Fiscal Agency to inform DAAS and suspend payment of the cash allowance.

If the hospitalization is lengthy and may result in their participant not being able to return

Agency.

DAAS on a monthly basis will issue a report to the Counseling/Fiscal Agency requesting

for the monthly allowance, the Counseling/Fiscal Agent will make repayment to EDS. The management fee cannot be paid for any participant who never actively consumer directs their personal care services.

1000 PARTICIPANT FREEDOM OF CHOICE

Active IndependentChoices participants/representatives, can only receive services from

choice is the primary focus of this project.

1100 PARTICIPANT RELEASE OF INFORMATION

participants/representatives will be disclosed directly or indirectly except for purposes

The participant extends his/her written consent to a limited release medical and/or social information when they sign the IndependentChoices Enrollment Form.

1200 REPORTING OF ABUSE

The process for reporting abuse as established in Arkansas Code Ann. Section 5-28-101 is:

When any physician, surgeon, coroner, dentist, osteopath, resident, intern, registered nurse, hospital personnel who are engaged in the administration, examination, care or treatment of persons, social worker, case manager, case worker, mental health professional, peace officer, law enforcement officer, facility administrator, employee in a facility, or employee of the Department of Human Services has reasonable cause to suspect that a resident has been subjected to conditions or circumstances which would reasonably result in abuse, he shall immediately notify the person in charge of the institution, facility, or agency or his designated agent, who shall then become responsible for making a report or cause a report to be made.

In addition to those persons and officials required to report suspected adult abuse, sexual abuse, or neglect, any other person may make a report if the person has reasonable cause to suspect that an adult has been abused or neglected.

..... A report of abuse, neglect or exploitation of an endangered adult residing in a privately owned or rented home in the community shall be made to the Arkansas Adult Protective Services (APS). The APS toll-free telephone number is 1-800-482-8049 or call (501) 682-8491.

1300 RETENTION OF RECORDS

Unless stated otherwise, all IndependentChoices participant files must be maintained for a period of five (5) years from the date of closure/denial or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever is longer. The records must be made available to authorized representatives of the Arkansas Division of Medical Services, the Arkansas Division of Aging and Adult Services, the State Medicaid Fraud Control Unit, representatives of the Department of Health and Human Services and its authorized agents or officials, the Social Security Administration, the Food Stamp program, the University of Maryland, and Mathematica Policy Research, the evaluator for the Demonstration Project.

1400 USES OF CASH

Participants in IndependentChoices will be offered an allowance in lieu of traditional agency provided personal care. The intended use of the cash is to purchase assistant care services. Purchase of items or services related to personal care, assistant care or any

other medically related item or service will be allowed. Most uses of cash will be

The following is a list of suggestive, not restrictive uses of the cash:

Personal Care Services	Technology (Computers)
Transportation	Environmental Equipment
Over-the-counter Drugs	Personal Hygiene
Adaptive Equipment (Purchase or Rental)	Pest Control (Emergency)
Communication Devices	Housing (Emergency)
Chore Service	Prescription Medication (Not Covered by Insurance)
Discretionary Cash	Utilities (Emergency)
Home Modifications	Education
Food and Clothing (Emergency)	Services Animal Purchase and Maintenance
Safety Devices	

1401 SAVINGS

Cash from the IndependentChoices demonstration project may be accumulated to

savings retained by the participant will be declared a resource and may effect eligibility for other programs, i.e., food stamps, HUD housing, SSI, etc.

At no time during the IndependentChoices demonstration project will the IndependentChoices cash payment be considered as income to the participant. Any accumulated IndependentChoices money will not be considered as an asset for the participant or the immediate family during their eligibility for IndependentChoices

1500 PERSONAL CARE ASSISTANTS

The primary use of the monthly allowance is to purchase personal assistant services to

responsibility to the participant, i.e., court appointed legal guardian or spouse, may serve as assistants. Criteria for an assistant should include:

- Be a US citizen or legal alien with approval to work in the US
- Have a valid Social Security Number
- Be 18 years of age or older
- Be able to communicate successfully with the participant/representative
- Sign a Work Agreement with the participant/representative
- Provide a reasonable number of personal and professional references
- Submit to a criminal background check, if requested DAAS will submit request through DHS access and will inform participant accordingly
- Obtain a Health Services card from the Health Department, if requested

Exceptions to this criterion may be requested from DAAS, Assistant Director or designee.

calculated from these timesheets. Assistants will be encouraged to report participant absences from the home in excess of five (5) days and will be required to follow the documentation directions of the participant employing the assistant.

Information about formal training opportunities for the personal assistant may be obtained from the Counselor. Training for the assistant is not reimbursable to the Counseling/Fiscal Agency and is not provided by DAAS.

1600 QUALITY MANAGEMENT

constitute a major portion of the overall quality management plan.

1601 ENROLLMENT

direction, the IndependentChoices demonstration project and the enrollment process.

Agency's:

- Training curriculum used by counselors to prepare an effective and appropriate

necessary, new policy will be written and procedures altered to assure that the pattern does not persist.

1602 COUNSELING/FISCAL AGENCY COMPETENCY AND PROFICIENCY

The DAAS goal is to ensure that the provider agencies who DAAS contract with for Counseling and Fiscal Services are competent, experienced and possess the technical ability to perform all required functions. To assure that this goal is met, DAAS will:

- Issue a Request for Proposal with standards for participation, with opportunity to

participants.

- Negotiate a contract with the Counseling/Fiscal Agencies selected to clearly identify

direction and completely defines IndependentChoices.

- Monitor Performance Standards to the degree necessary to assure that Counseling/Fiscal Agencies are providing the service and quality required.
- Conduct on-site survey reviews of Counseling/Fiscal Agencies as needed, but no less than annually

To evaluate goal achievement, DAAS will establish quarterly reporting procedures for

personal surveys with participants/recipients to assure appropriateness and satisfaction with services.

**1603 ABILITY OF PARTICIPANT TO SELF-DIRECT WITHOUT
UNJUSTIFIABLE REGRESSION IN MENTAL, PHYSICAL, OR
SOCIAL FUNCTIONING OR DETERIORATION IN
FUNCTIONAL ENVIRONMENT**

The goal of DAAS is to permit eligible participants to enroll in a demonstration program that allows a high degree of self-direction without negative consequences to their living

project. To assure this goal is met, DAAS will:

- Assure that benchmarks for health, safety, satisfaction and utilization of services by the participant are established.
- Develop a peer support system for participants.
- Create a Participant Bill of Rights.
- Establish an individualized level of monitoring to readily identify problems but encourage consumer-direction.
- Develop an on-going training curriculum to include written material for the participant to access as desired including how to deal with recruiting, interviewing, hiring, managing, training, evaluating and dismissing an assistant.
- Develop and make available an orientation for assistants. Accessing this service will be optional, as it will be at the expense of the participant or the assistant.

To evaluate goal achievement, DAAS will require each participant to develop a plan of how the monthly allowance will be spent to meet individual personal care needs. The Counseling/Fiscal Agency will be required to have monthly contact with each participant during the first six months of participation to assure that the care adequately and appropriately meets the needs. The ongoing monitoring of a participant after their first six months of participation is at the discretion of the Counseling/Fiscal Agency and based on the participant's progress with consumer direction during their first six months. Thereafter, no less than two annual in-home visits will suffice for those who are successfully consumer directing their personal care services. Reassessment completed each six months will carefully evaluate each ADL to assure that abilities are being maintained or that any regression is the result of a physical problem. Standards will be established by DAAS and any deviation will be reported immediately to DAAS by the Counseling/Fiscal Agency. The Counseling/Fiscal Agency will be required to complete quarterly reports as described in Section 500 (8).

1604 COMPLIANCE WITH STATE AND FEDERAL REQUIREMENTS AND ADHERENCE TO HIGH STANDARDS OF QUALITY

The goal of DAAS is to ensure the integrity of the IndependentChoices demonstration

- Monitor the Counseling/Fiscal Agency to the degree necessary to ensure compliance with the spirit of consumer-direction and appropriate fiscal and programmatic procedures are maintained. (Refer to the Data System Summary Section.)
- Identify modifications and apply edits to the data system (ACES and EDS) to create

- Review cost reporting through the completion of the HCFA-64 on a quarterly basis.
- Fully cooperate with CMS with any and all Federal evaluators and their contractor's efforts to conduct an independent Federally funded evaluation of the IndependentChoices demonstration project.
- Establish a CQI process under the leadership on the Project Director.
- Develop and submit an annual quality assurance report to CMS.

DAAS will monitor all aspects of the IndependentChoices demonstration project to assure compliance with the project design. DAAS will conduct monthly and CMS will conduct periodic comparisons of Medicaid billing data to assure that cost neutrality is met. DAAS will conduct participant surveys to monitor the level and quality of consumer direction and the adequacy of the training curriculum to enable successful

1700 PHASE DOWN AND PHASE OUT

1701 PARTICIPANTS

1. The Counselor will identify the personal care provider agency with which the

care.
3. The Counselor will assist the participant in optimizing the opportunity for consumer direction with the provider agency with mediation during transition. This may include suggesting to the agency hiring of the preferred assistant as an aide with the provider agency to assure maintaining the participant/assistant relationship.

1702 ASSISTANTS

for unemployment as permitted by Arkansas law.

1703 COUNSELING/FISCAL AGENCY

They will be asked to develop a phase-out plan applicable to their role.

1800 DAAS REPORTING REQUIREMENTS TO CMS

the next two years may still have impact to the overall budget neutrality for the early demonstration years.

DAAS requested changes to the Counseling/Fiscal Agencies quarterly reporting will

in Arkansas. The report will

- Describe events during the quarter giving the number of active participants at the beginning and end of the quarter.
- The number of referrals to the Counseling/Fiscal Agencies.
- The number of new enrollees during the quarter
- The number of persons disenrolling and reason for disenrollment during the quarter.
- The amount of Medicaid money paid for cash allowances and management fee services giving an unduplicated participant count per expenditure during month quarter. DAAS will provide quarterly average expenditure per recipient per cash benefit giving the average hours purchased with the allowance.
- DAAS will describe any new lessons learned during the quarter.
- DAAS will describe any notable accomplishments during the quarter.
- DAAS will define any findings from any Quality Assurances, beneficiary survey or evaluation activities during the quarter.
- DAAS will define any new problems or issues that were identified and final status of those problems whether the problem was resolved and if so how the problem was solved or if the problem is unresolved what efforts are being taken to solve the problem.
- DAAS will in each quarterly report highlight at least two consumers who have benefited by their participation in the IndependentChoices demonstration project.
- DAAS continues to use the IndependentChoices database original to demonstration implementation. The database contains all information relevant to demonstration participants at the time of entry into the demonstration. The information originally comes from the Medicaid Management Information System providing identifying information such as name, address, Medicaid ID, and social security number. At the time of the call information is added to add telephone number, and information that can be shared with the counseling agency during the enrollment process. The database is updated on a daily basis as new information becomes available. The new data may require the database to be updated with consumer direction dates, disenrollment dates, change in the daily cash benefit, changes in address or telephone numbers. Information is added to the database to define the participant's agency provider and to add an indicator to determine if the participant is a new or continuing user of agency personal care services.
- DAAS is fortunate to have access to Arkansas Medicaid data warehouse the Decision Support System (DSS). DAAS has also been using the DSS since implementation and runs each month a report that gives the total expenditures for cash allowances and management fee services since December 1998. The

report runs once a month to give total expenditures since implementation. This report also gives the total participants who have received a cash allowance and the number of recipients for which management fee services have been paid. The recipient count can be filtered by the month or from implementation to arrive at aggregate counts.

- The IndependentChoices database is populated with data and programs that compile IndependentChoices expenditure data. DAAS reports the results of the compilation to Administrative Services, who complete the CMS-64.9P reports of IndependentChoices expenditures to CMS.
- DAAS will report the trended monthly per person cost in each quarterly report.
- Data from the above two sources will be used to provide attachments to each quarterly report to give individual-level and aggregate data for all participants in the demonstration.
- DAAS defines a member month as a month in which a participant self-directs their care. As an attachment to the quarterly report to CMS, DAAS will report both individual and aggregate data. Individual data would be total expenditures divided by an unduplicated recipient count of persons self-directing their care during the quarter. The individual data can be accumulative for the quarter as well as a month to month reporting during each month of the quarter. Aggregate reporting would give the total expenditures divided by the total number of member months of persons self-directing their care. Aggregate reporting is especially important when realizing the total expenditures during the reported demonstration year divided by aggregate member months.

1801 TRENDED MONTHLY PER PERSON COST

Arkansas agrees to the trended monthly per person cost for the following years as established by CMS

Demonstration Year	Trended Monthly Per Person Cost
DY 2002	\$801.00
DY 2003	\$841.00
DY 2004	\$883.00

1802 CRITERIA FOR GATHERING EXPENDITURE DATA FOR CMS

DAAS will gather expenditure data by identifying participants who are or have self-

paid to the Counseling/Fiscal Agency and collecting core expenditures. Core service

Transportation and Durable Medical Equipment. DAAS will continue extracting data for reporting purposes for as long as a participant continues to self-direct their personal care services.

The data will be reported to DHS Administrative Services who will complete the CMS-64.9 Waiver Forms through the MBES CBES. Administrative Services will continue to report according to Section 2500 of the State Medicaid Manual.

be receptive to discussions regarding the change and reevaluating the demonstration years trend affected by the change within the State.